

REVIEWED

By Colin Pippin-Timco at 3:18 pm, Apr 17, 2015

Updated: January 9, 2015

NOTICE OF INTENT TO APPLY

Name of No				t the charter app				
Applicant/O								
			Primary Contact Information					
Name	Auauna Mo	o Tupulaga						
Address	1502 S. 46 ^t	th St Tacoma, WA 98418						
Phone	253-230-53	349						
Email	mtmtocear	n@gmail.com						
Partner Info	rmation If App	olicable						
		Basic In	formation for	School Opening	Fall 2	016		
Proposed School Name			Opening Year	Geographic Community and/or City		Grades Served Year 1	Grades Served at Capacity	
-	paratory Acade		2015	Tacoma		9	9-12	
Model	⊠New		Conversion					
			Proposed Sc	hool Description				
School Model Specialty (check all that apply)		⊠Arts ⊠Blend ⊠Cared ⊠Colle	□ Alternative □ Arts □ Blended Learning □ Career and Technical Education □ College Prep □ Virtual:			STEM: □ Language Immersion □ Military □ Montessori □ Disability (List):		
					□Other (List):			
In one-hundred (100) words or less, briefly describe the mission and vision of your proposed school		The Tacoma Preparatory Academy (TPA) will create a unique learning environment that engages the school community with high expectations and respect for one another. We will explore different teaching and learning styles to transform learning. TPA will provide a rigorous, holistic, personalized curriculum that is culturally relevant; emphasizing Science, Technology, Engineering, Arts, and Math (STEAM). TPA seeks to become a premier charter school with an ethnically diverse culture. We intend to improve student outcomes and reduce the academic achievement gap by serving the holistic needs of a culturally and linguistically diverse student population, while addressing inequities in educational opportunities for students.						



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I certify that I have the authority to submit this Notice of Intent and that all information contained herein is complete and accurate. I recognize that any misrepresentation could result in disqualification from the application process or revocation after authorization. The person named as the contact person for the application is so authorized to serve as the primary contact for this application on behalf of the organization.

Signature of Primary Contact

Date